

# State of Iowa

## Length of Service Department Recognition Plan

### Required Agency Documentation/Records

- Each agency of the Executive Branch of government will complete a Department Plan for Employee Length of Service form and submit to the Iowa Department of Administrative Services detailing the program they intend to use throughout the year in conjunction with the statewide program.
- Once approved, this form does not need to be resubmitted annually. However, your department's program may be re-evaluated to ensure its continued effectiveness.
- Appropriate documentation to support the Length of Service Program shall be maintained by each department as a permanent record. Examples of such documentation may include: a copy of the award letter, supporting documentation, agendas, programs, etc.

Directions: Fill out this form completely and send to the DAS Employee Recognition Program Manager. Once approved, you will receive a signed copy from the Program Manager for your files.

### Department Information

Department: \_\_\_\_\_ Total FTE's: \_\_\_\_\_ Calendar Year: \_\_\_\_\_

Recognition Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

### Service Awards

Please check all service periods that apply and indicate your department award or recognition for that length of service:

	<u>Years of Service</u>	<u>Award or Recognition</u>
<input type="checkbox"/>	5 Years	_____
<input type="checkbox"/>	10 Years	_____
<input type="checkbox"/>	15 Years	_____
<input type="checkbox"/>	20 Years	_____
<input type="checkbox"/>	Other (Please specify)	_____
<input type="checkbox"/>	_____	_____

List any award or recognition your department does in addition to the State of Iowa Golden Dome Length of Service Awards for the following years of service:

	<u>Years of Service</u>	<u>Golden Dome Award</u>	<u>Award or Recognition</u>
<input checked="" type="checkbox"/>	25 Years	Coffee Mug & Certificate	_____
<input checked="" type="checkbox"/>	30 Years	Candy Jar & Certificate	_____
<input checked="" type="checkbox"/>	35 Years	Engraved Paper Weight & Certificate	_____
<input checked="" type="checkbox"/>	40 Years	Beveled Engraved Plaque & Certificate	_____
<input checked="" type="checkbox"/>	45 Years	Golden Dome w/ Embedded Coin & Certificate	_____
<input checked="" type="checkbox"/>	50 Years	Portrait Clock & Certificate	_____
<input checked="" type="checkbox"/>	50+ Years	Individualized Gift & Certificate	_____

### Ceremony Location(s) & Event Type

Please provide details on the Ceremony Location(s) & Event Type (i.e. Retreat, Meeting, Special Ceremony, etc.):

Location

Event

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Description of Plan

Please provide a description of your department plan. If additional space is needed, please attach supplemental documentation to this form.

\_\_\_\_\_  
*Department Recognition Coordinator*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Department Director*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*DAS Employee Recognition  
Program Manager*

\_\_\_\_\_  
*Date*